COMBINED DECLARATION F	ATTORNEY DOCKET NUMBER							
As a below named inven	tor, I hereby declare that:		·····					
My residence, post office	address and citizenship	are as stated below next	o my name.					
original, first and joint inv	riginal, first and sole inveventor (if plural names are patent is sought on the inv	e listed below) of the sub-	listed below) or an ect matter which is					
URINE COLLECTION DI	EVICE	and the second s	· · · · · · · · · · · · ·					
the specification of which	(chèck only one item bel	ow):**	· · · · · · · · · · · · · · · · · · ·					
[X] is attached hereto.								
was filed as U.S. Patent Application Serial Number on, as amended on _ (if applicable).								
[] was filed as a PCT international application numberonas amended under PCT Article 19 on(if applicable). I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations §1.56(a). I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of								
America filed by me on the same subject matter having a filing date before that of the applications for which priority is claimed:								
PRIOR FOREIGN PATENT APPLICATION(S) AND ANY PRIORITY CLAIMED UNDER 35 U.S.C. \$119.								
COUNTRY (If PCT Indicate PCT)	APPLICATION NUMBER	DATE OF FILING (Day, Month, Year)	PRIORITY CLAIMED UNDER 35 USC 119					
			[]YES []NO					
			[]YES []NO					
	·		' []YES []NO					
			[]YES []NO					
			LIYES LINO					

Page 1 of

US DEPARTMENT OF COMMERCE Patent and Trademark Office

OCT-30-03 01:27AM FROM-AKERMAN SENTERFITT 5616596313

	COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT Integrational Applications) ATTORNEY DOCKET NUMBER 7313-1									
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application.										
Р	RIOR U.S. APPLI	CATIONS OR PCT INTERN	ATIONAL APPLICATIO	NS DESIGNATING THE U	.S. FOR B	ENEFIT	UNDER 35 U.S.C.	120:		
		U.S. A			s	TATUS (Cneck One)				
U.S. APPLICATION NUMBER U.S. F			ILING DATE PATEN		NTED	ABANDONED	PENDING			
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PCT APPLICATION NUMBER PCT		FILING DATE	U.S. SERIAL NUMBERS	 						
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<u>_</u>	OLVED OF ATT	ORNEY: As a named inv		in the falls in the same	1					
46 47 52	42,730; Steven M. Greenberg, Registration No. 44,725; Larry G. Brown, Registration No. 45,834; Kevin T. Cuenot, Registration No. 46,283; Michael K. Dixon, Registration No. 46,665; Neil R. Jetter, Registration No. 46,803; Terry W. Forsythe, Registration No. 47,569; Mark M. Zylka, Registration No. 48,518; Sarah E. Smith, Registration No. 50,488; and Amy A. Ostrom, Registration No. 52,088. Send Correspondence to: Akerman Senterfitt									
Post Office Box 3188 West Palm Beach, FL 33402-3188				(561) 653-5000						
	FULL NAME OF INVENTOR	FAMILY NAME OTTO		FIRST GIVEN NAME EDGAR		SECO A.	SECOND CIVEN NAME A.			
	RESIDENCE & CITIZENSHIP	CITY BOCA RATON		STATE OR COUNTRY USA			COUNTRY OF CITIZENSHIP USA			
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 8558 HORSESHOE LAI	NE				STATE & ZIP CODE/COUNTRY FLORIDA 33496, USA			
	FULL NAME OF INVENTOR	FAMILY NAME OTTO		FIRST GIVEN NAME GREGORY			SECOND GIVEN NAME M.			
	RESIDENCE & CITIZENSMIP	CITY DELRAY BEACH		STATE OR COUNTRY USA		COUNTRY OF CITIZENSHIP USA				
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 6646 BRISTOL LAKE S	OUTH -	DELRAY BEACH		STATE & ZIP CODE/COUNTRY FLORIDA 33446, USA				
	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME		SECO	SECOND GIVEN NAME			
203	RESIDENCE & CITIZENSHIP	CITY		STATE OR COUNTRY		COUNTRY OF CITIZENSHIP				
	POST OFFICE ADDRESS	POST OFFICE ADDRESS		כוזץ		STATE & ZIP CODE/COUNTRY				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are oblieved to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or pay patent issuing trippeon										
SiG	SIGNATURE OF INVENTOR 203									
DA	DATE 10/29/03 DATE 10/29/63									

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